

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/12/2002.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for 12/04/2001.

II. RATIONALE

The requestor submitted an EOB with the denial code of "M-No MAR/ASC reimbursement is based on fees established to be fair and reasonable in your geographical area. N-Not appropriately documented." Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent asserts in their methodology that they have paid a fair and reasonable reimbursement based on statistical studies of national data performed by _____. In this dispute _____ took the CPT code used by the surgeon (29846) and applied its methodology to determine fair and reasonable. However, based on UB-92s and corresponding EOBs, charges were for a facility fee and does not identify the CPT code referenced by _____. Documentation submitted by _____ does not support that the charges are for similar treatment in the same geographical area to an injured individual of an equivalent standard of living.

The requestor billed \$5,992.07 for the Ambulatory Surgical Center care; the respondent paid \$822.03 leaving a balance of \$5,170.04. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable.

The requestor submitted redacted EOBs that indicate that they have accepted reimbursements for similar treatment in the same geographical area to an injured individual of an equivalent standard of living, from 80% to 100% of their billed charges. However, the requestor has not submitted an Operative Report to satisfy the denial of "N" as listed above. Therefore, based on this, additional reimbursement is not recommended.

III. DECISION

The above Decision and Order are hereby issued this 15th day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb